

**DENTAL HYGIENE  
INSTRUCTIONS FOR FILING APPLICATION FOR LICENSURE BY CREDENTIALS  
REQUIREMENTS**

1. You must have graduated from a dental hygiene program accredited by the ADA.
2. You must hold a current license and have been in active practice within the 5 years immediately preceding filing of application for licensure.
3. You must have obtained a passing score on the National Board Examination.
4. You must have an interview with the Credentials Committee of the Dental Board.
5. You must pass a Kentucky jurisprudence examination. The examination can be taken at the time you meet for your interview. **Send \$10.00 to the Board office for a law booklet.**
6. Applications are kept for 6 months from the date received in the board office. If you have not been licensed by this time, you will be required to start the application process over. Your fee would be transferred to the new application with the exception of the \$25.00 application review fee.
7. We do not make calls to applicants on the status of their application. It is the applicant's responsibility to call the Board office to check on the status of their application.
8. The next credentials committee meeting is scheduled for \_\_\_\_\_. Your application and materials must be received in the Board office, two (2) weeks before this date to be eligible to appear. If you experience any problems with obtaining any materials for your application, please call Diana Bailey as soon as possible. It is the responsibility of the applicant to contact the Board office to check on the status of your application.

**WHAT TO SUBMIT WITH YOUR APPLICATION**

- \_\_\_\_ 1. Completed application with photo. Use the name under which you wish to be licensed. Put a check next to the word "credentials" on the front of the application.
- \_\_\_\_ 2. Application fee - \$65.00. (a \$25.00 non-refundable application review fee is included in this amount) This amount covers licensure from Jan 06 – Dec 06.
- \_\_\_\_ 3. Letter to the Board stating the reason why you wish to be licensed and stating your practice plans.
- \_\_\_\_ 4. Resume reflecting education and experience
- \_\_\_\_ 5. A final transcript of your dental hygiene course work. The transcript must be an official copy with your degree posted and with a seal or registrar's stamp. **This must be sent directly to the Board office.**
- \_\_\_\_ 6. Your National Board Score Card (copies not accepted). Call 800-621-8099 and **request it to be sent directly to the Board office.**
- \_\_\_\_ 7. Current letter (within 3 months of interview), verifying good standing from the Board of every state in which you hold or have previously held a dental hygiene license (copies of your license not acceptable). **Must be sent directly to the Board office.**
- \_\_\_\_ 8. Completion certificate or letter from the sponsor of an HIV/AIDS course taken within the last 24 months. Must be at least two hours course and approved by the Kentucky Cabinet of Health and Family Services. To obtain a current list of the approved courses call 502/564-6539 or check the Web site at: <http://chfs.ky.gov/dph/training>. These hours cannot be used for continuing education.

- \_\_\_ 9. You must be current in Basic Life Support (BLS) or CPR. \*\* Send a copy of the front and back of the card. These hours do not count towards the CE requirements.
- \_\_\_ 10. Completion certificates showing proof of 30 hours of continuing education taken within the previous 24 months. 20 hours must be in scientific presentation format. 10 hours can be business, internet, magazine, or journal articles, or homestudy courses. The hours for the HIV/AIDS and BLS do not count towards this requirement. The 30 hours used for initial licensure cannot be used for renewal of your license.
- \_\_\_ 11. National Practitioners Data Bank Report and AADE Clearing House Report. This can be obtained by an electronic query done in the Board office. Fill out the enclosed National Practitioners Data Bank Report and AADE Clearing House Report application and send with your Dental Hygiene Licensure Application.  
***Enclose the proper fee as noted at the top of the application.***

**Make Checks payable to:** Kentucky Board of Dentistry  
**Mail application to:** 10101 Linn Station Road, Suite 540  
Louisville, Kentucky 40223  
Phone: (502) 429-7280

**\* Approved Providers of CPR, BLS and ACLS Certification**

American Red Cross

American Heart Association

American Safety & Health Institute (Florida)

Active Canadian Emergency Training

*(A licensee / applicant must receive Board approval before another provider's certification may be used to meet KBD application or CE requirements.)*